



## PROFILE 03 TIM LLOYD

**Surgeon** You have to be confident to wield a scalpel, but reconstructive surgery is about more than that, says Dr Lloyd – it's an exercise in elegance

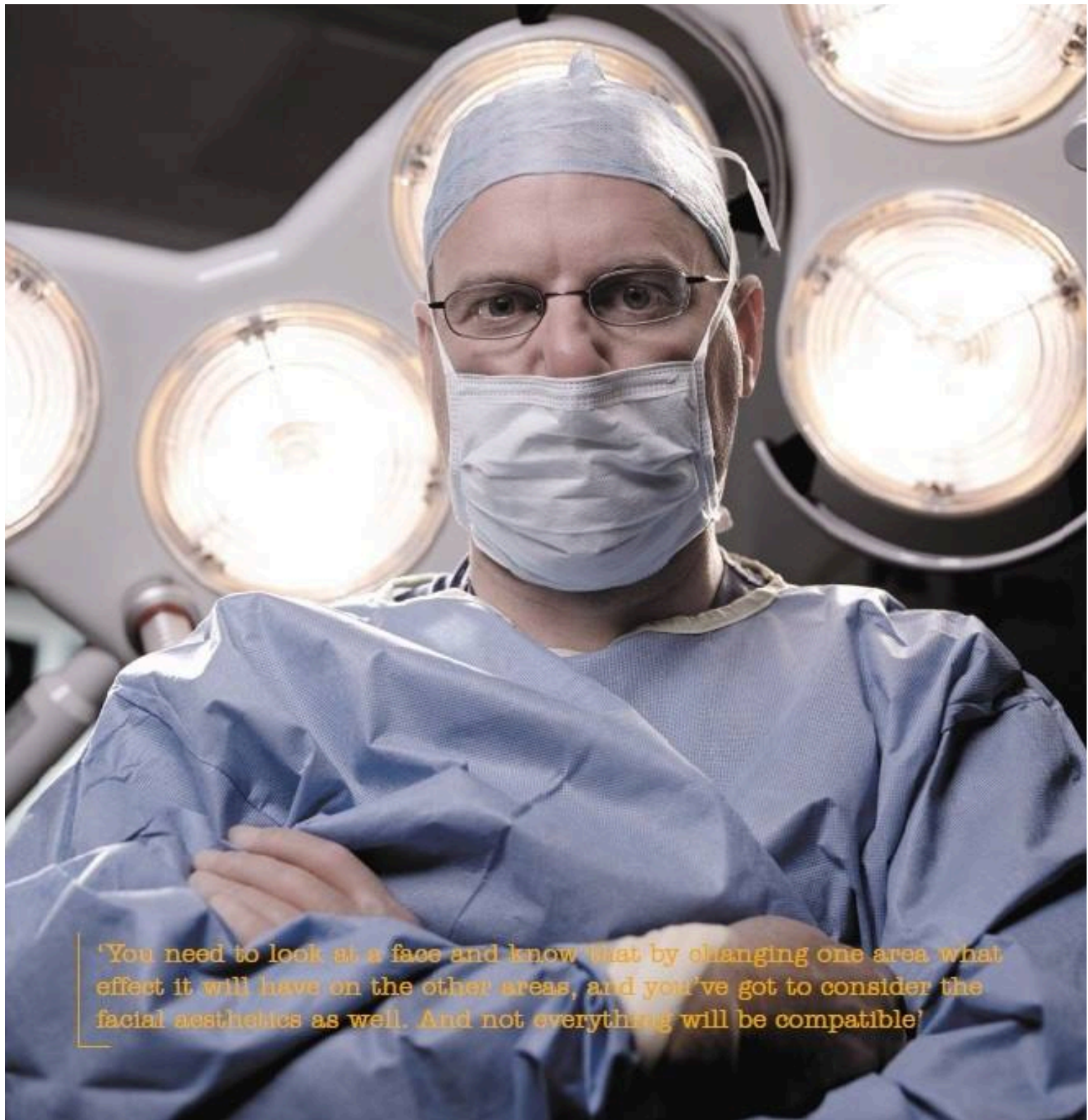
There is no one ideal of beauty, insists the surgeon Tim Lloyd, who specialises in facial deformities. "I saw a young lady this morning who had quite a severe asymmetry, and her mother was telling me she wanted her daughter to be perfect. And I said to her, 'She is perfect in her own way.' Because everybody is perfect. Our job is just about dealing with an individual's concerns. Interestingly, many of those whom society deem to be the most beautiful have a mild degree of facial asymmetry."

Lloyd, 47, is a leading consultant maxillofacial surgeon at the Eastman Dental Institute and the University College London Hospitals NHS Trust as well as consulting at

The London Clinic. He can change people's lives, by performing procedures from straightening a patient's jaws (the maxilla is the anatomical term for the upper jaw) to reconstructing the chin and cheekbones. In patients with facial asymmetry, he may actually move the whole of the lower face to help achieve greater regularity. Often, the use of surgery is to "improve" the physical appearance of a patient, but surgery may also help with the impairment of functions such as chewing and breathing.

Research shows that surgeons are among the happiest professionals. Many say that they are addicted to their work. They describe the "highs" of performing surgery in similar

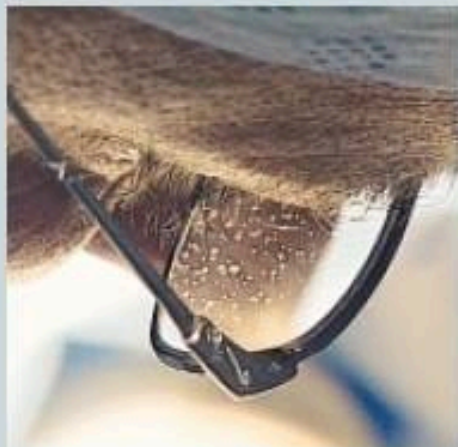
language to that used by athletes, artists or chefs in describing their jobs. Surgery uses fine and precise instruments: it is a real exercise in elegance. "The artistic aspect comes in the planning, to a degree," Lloyd explains. "You need to look at a face and know that by changing one area what effect it will have on the other areas, although of course we do have computer programmes that can help predict the changes. In the complex craniofacial cases you may need to reconstruct the orbits to stop the eyes dislocating [popping out], or you may want to improve the airway to help breathing. But you've got to consider the facial aesthetics as well. And it is unlikely that everything will be compatible. You may have to compromise."



'You need to look at a face and know what by changing one area what effect it will have on the other areas, and you've got to consider the facial aesthetics as well. And not everything will be compatible'

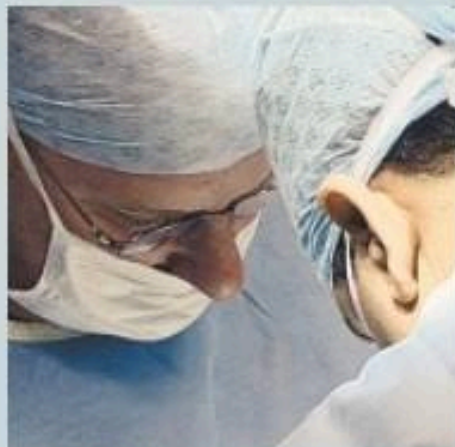


I meet Lloyd at the hi-tech surgery wing of University College Hospital on London's Euston Road. A dapper and down-to-earth figure, Lloyd is very much on the patient's side. "It's a holistic approach. You're dealing with the person inside the shell - the essence of somebody - not just what you see on radiographs or scans." In his work for the NHS, Lloyd treats purely functional and reconstructive problems, rather than cosmetic surgery. He has a particular interest in the management of congenital and post-traumatic facial deformity. As well as being trained as a surgeon, he is a qualified dentist. Lloyd treats more than 100 major cases a year. He is also part of the craniofacial team at Great Ormond Street Hospital for Children.



his teenage patients. "It's remarkable what they put up with. And we are very fortunate in being able to help them in some degree. But what we mustn't do is give them false hope and say we can correct everything. Because we can't." What about mature adults? "The complication rates with adult patients are much higher, because their tissue is a lot less forgiving."

Lloyd guides me through photographs and video footage of surgery he has carried out. To the lay person, it looks gruelling, intensive and pretty gory. But it is hugely moving to see how dramatically he can change people's appearances. One 14-year-old girl, who had attempted suicide three times because of her abnormally small lower jaw and pointy upper



Lloyd initially trained as a dentist, qualifying in 1984, but always practised as a hospital surgeon rather than in private practice. Later, he went back to study medicine and qualified in 1993. He studied orthopaedics and plastic surgery for a year, but then decided that he didn't want to spend so much time away from his young family. So he went back to study maxillofacial surgery.

He's clearly hugely driven. Does he find himself studying faces at parties or on the train? "I switch it all off when I'm out socially. But if I'm going to be doing surgery the next day, or I've got a complicated procedure I haven't done before, then I will think about what I'm going to do. I'll have done it in my mind three or four times before I actually



**Under the knife: stills from our vodcast ([www.independent.co.uk/poise](http://www.independent.co.uk/poise)) of the maxillofacial surgeon Tim Lloyd in the operating theatre showing the precision of his craft**

There is a huge psychological element to his work. "We have a liaison psychiatrist who makes sure that we have realistic expectations and we are doing the right thing for the right reason. It's a way of reducing the risk. And, of course, it's important to identify patients with psychiatric problems, such as body dysmorphic disorder - not necessarily to screen them out, but to make sure they get appropriate support and treatment."

He tends to work with patients in their late teens. "This is the time to treat them, when facial growth is complete - that's your window of opportunity." He, he says, bowled over by the bravery and resilience of

teeth, is now a happy and stable teenager thanks to Lloyd's work.

But no maxillofacial surgeon ever gets complacent. "You are treating very complex cases, and there's never the right way to do something, and there's no perfect result. Everything is a compromise, so we look back and review our cases. You need to see how you could have done things differently or better. Your techniques are always changing and that's probably the reason why you get satisfaction in your job, because you're not doing the same thing all the time. Some of our cases - where, for example, the patient has a rare syndromic condition - are unique."

perform the surgery on the patient."

Thanks to television, we all think we know the life of a surgeon: the way they listen to Mozart or chat loudly about golfing averages during an operation. Does he identify with the way surgeons are portrayed on screen? "I don't have much time to watch television," he says. "I'm up at 5.30am and I get home at 9pm, so that's when I want to relax. But I do have an iPod in theatre and listen to Paul Weller, Leonard Cohen, Robbie Williams and so on. I can't work without music. You have to be happy to do your best."

**Liz Hoggard**

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